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Image# 13964908899

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Us	e Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M	5	
Americas Health Insu	ırance Plans PA	C (AHIP PA	C)				
ADDDEOG	601 Pennsylvania	Avenue, NW				1 1 1 1	
ADDRESS (number and street)	South Building, Su	uite 500					
Check if different than previously	Washington				, DC	20004	
reported. (ACĆ)	VVaSimigion					20004	
2. FEC IDENTIFICATION N	NUMBER ▼	CITY 🛦			STATE 🛦	:	ZIP CODE A
C C00106740		3. IS THIS REPORT		NEW N) OR		AMENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)		Jun 20 (M6)	Se	p 20 (M9)	X Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
Quarterly Report July 15	(c) 12-Day		Primary (12F	")	Genera	ıl (12G)	Runoff (12R)
Quarterly Report	(Q2) PRE-Ele		Convention (12C)	Specia	l (12S)	
October 15 Quarterly Report	(Q3)						
January 31 Year-End Report	(YE)	Election on	M M /	D D /	Y Y Y	Y	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	tion (d) 30-Day POST-E		General (300	ā)	Runoff	(30R)	Special (30S)
Termination Repo	Report f	for the:	M = M /	D D /	Y Y Y	Υ	in the
(TER)		Election on					State of
5. Covering Period	11 01 Y	2013	through	M - M	/ D D 30	/ Y Y 201	
I certify that I have examined	this Report and to the	e best of my kno	wledge and I	pelief it is tru	ue, correct a	nd complete	e.
Type or Print Name of Treasu	•	-					
Signature of Treasurer Ch	arles W. Stellar		[Electronically	v Filed] [Date 12	M / D 20	2013
NOTE: Submission of false, erro	oneous, or incomplete i	nformation may su	bject the pers	son signing tl	his Report to	the penaltie	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 11 01 2013 To: 11 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		43551.88
	(b) Cash on Hand at Beginning of Reporting Period	32268.00	
	(c) Total Receipts (from Line 19)	10847.70	152698.30
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43115.70	196250.18
7.	Total Disbursements (from Line 31)	14732.07	167866.55
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28383.63	28383.63
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees	5044.00	00070 40
(i) Itemized (use Schedule A)	5814.36	98279.10
(ii) Unitemized	33.34	9419.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5847.70	107698.30
Ellies 11(a)(i) and (ii)		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	5000.00	45000.00
(such as PACs)(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	10847.70	152698.30
. Transfers From Affiliated/Other	7	
Party Committees	0.00	0.00
-		
3. All Loans Received	0.00	0.00
Loon Danovimonto Dossivad	0.00	0.00
. Loan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made	7 7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	3.00	
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
, , , , , , , , , , , , , , , , , , , ,		4. 4.
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	10847.70	152698.30
. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ▶	10847.70	152698.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: —	iotai iilis Feliou	Calcilual Teal-10-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	1232.07	2116.55		
Expenditures(c) Total Operating Expenditures	1232.01	2110.00		
(add 21(a)(i), (a)(ii), and (b))▶	1232.07	2116.55		
. Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	40500.00			
and Other Political Committees	13500.00	165500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	7	3.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
,				
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other	0.00	250.00		
Than Political Committees	0.00	250.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
() =				
(d) Total Contribution Refunds	0.00	250.00		
(add Lines 28(a), (b), and (c))▶	7 7	250.00		
Other Disbursements	0.00	0.00		
		7 7		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	5.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14732.07	167000 55		
20, 21, 20, 20, 27, 20(a), 28 and 00(b))	14132.01	167866.58		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	14732.07	167866.55		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10847.70	152698.30
4. Total Contribution Refunds (from Line 28(d))	0.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10847.70	152448.30
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1232.07	2116.55
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1232.07	2116.55

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-2 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1541.64 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-2 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1541.64 Other (specify) Full Name (Last, First, Middle Initial) c. Chris Anderson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-1 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 С federal political committee. Name of Employer Occupation Associate-Clinical Affairs America's Health Insurance Plans (AHIP Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) 177.08 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	7 OF	43			
Use separate schedule(s) for each category of the	(check only one)						
Detailed Summary Page	X 11a 11b	11c	12 ₁₆	17			

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Chris Anderson Mailing Address 601 Pennsylvania Avenue N	.w.	Date of Receipt
Suite 500, South Building		11 29 2013
City	State Zip Code	Transaction ID : 2013120914539-1
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer	Occupation	1
America's Health Insurance Plans (AHIP	Associate-Clinical Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	229.24	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7in Codo	11 15 2013
City Washington	State Zip Code DC 20004	Transaction ID : 20131209145255-3
	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive Vice President, Clinical Aff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4166.60	
Full Name (Last, First, Middle Initial) C. Carmella Bocchino	1	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N		Mam / Dad / Yayayay
Suite 500, South Building		11 29 2013
City	State Zip Code	Transaction ID : 2013120914539-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive Vice President, Clinical Aff	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 0	
Other (specify) ▼	4166.60	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	427.08
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	: 8 OF	43
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

	g the name and address of any political committee	
Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		11 15 2013
City	State Zip Code	Transaction ID: 20131209145255-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	+
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	916.74	
Full Name (Last, First, Middle Initial) 3. Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenue		M = M / D = D / Y = Y = Y
Suite 500, South Building		11 29 2013
City Washington	State Zip Code DC 20004	Transaction ID: 2013120914539-4
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	916.74	
Full Name (Last, First, Middle Initial) C. Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		11 15 2013
City Washington	State Zip Code DC 20004	Transaction ID : 20131209145255-5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	\dashv
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1666.60	
SUBTOTAL of Receipts This Page (optional	ı) >	166.67
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE	:	9	OF	43			
l	(check only one)									
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		13		14		15		16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	11 29 2013 Transaction ID : 2013120914539-5
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1666.60	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	11 15 2013 Transportion ID : 2013 1200145255 6
Washington	DC 20004	Transaction ID : 20131209145255-6 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1375.00	
Full Name (Last, First, Middle Initial) C. Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Washington	State Zip Code DC 20004	Transaction ID : 2013120914539-6
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1375.00	
SUBTOTAL of Receipts This Page (optional)	•	208.33
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF 43 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) Full Name (Last, First, Middle Initial) B. Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20131209145255-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation Director, Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 687.50 Other (specify) 239.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 687.50 Other (specify) Full Name (Last, First, Middle Initial) B. Kirstin Dawson Date of Receipt Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Research Associate, Clinical Po Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Kirstin Dawson Date of Receipt Mailing Address 602 Pennsylvania Avenue N.W. 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013120914539-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Research Associate, Clinical Po Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) 52.09 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	LINE	NU	MBER	:	PAGE		12 OF	:	43
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, cage		13		14		15		16		17

	statements may not be sold or used by any persename and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Gregory Dean Mailing Address 601 Pennsylvania Avenue N.N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N. State Zip Code DC 20004 C Occupation Executive Director Insurance Education Aggregate Year-to-Date ▼ 1375.00	Date of Receipt 11 15 2013 Transaction ID: 20131209145255-12 Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Guide Initial)	V. State Zip Code DC 20004 C Occupation Executive Director Insurance Education Aggregate Year-to-Date ▼ 1375.00	Date of Receipt 11 29 2013 Transaction ID: 2013120914539-12 Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) Randolph Desonia Mailing Address 601 Pennsylvania Avenue N.' Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N. State Zip Code DC 20004 C Occupation Director, Medicaid Policy Aggregate Year-to-Date ▼	Date of Receipt 11
SUBTOTAL of Receipts This Page (optional)	<u> </u>	135.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER: PA	NGE 13 OF 43
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c	12
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NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Randolph Desonia Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Director, Medicaid Policy Aggregate Year-to-Date ▼ 220.00	Date of Receipt 11 29 2013 Transaction ID: 2013120914539-13 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Mary Beth Donahue Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Executive VP, Policy & Operations Aggregate Year-to-Date ▼ 4166.60	Date of Receipt 11 15 2013 Transaction ID: 20131209145255-14 Amount of Each Receipt this Period 208.33
Full Name (Last, First, Middle Initial) Mary Beth Donahue Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Executive VP, Policy & Operations Aggregate Year-to-Date ▼ 4166.60	Date of Receipt 11 29 2013 Transaction ID: 2013120914539-14 Amount of Each Receipt this Period 208.33
	<u> </u>	426.66
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 14 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name (Last, First, Middle Initial) B. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20131209145255-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.26 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 43 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 4583.26 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 843.80 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2013 City State Zip Code Transaction ID: 2013120914539-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 843.80 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) Full Name (Last, First, Middle Initial) B. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) 62.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF 43

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statemor for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)	
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Sen	tate Zip Code DC 20004 Suppation ior Vice President gregate Year-to-Date ▼ 916.74	Date of Receipt 11 29 2013 Transaction ID: 2013120914539-19 Amount of Each Receipt this Period 41.67
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Reg	tate Zip Code C 20004 Eupation ional Director gregate Year-to-Date 595.76	Date of Receipt 11 15 2013 Transaction ID: 20131209145255-20 Amount of Each Receipt this Period 27.08
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Reg	tate Zip Code DC 20004 Supation gional Director gregate Year-to-Date ▼	Date of Receipt 11 29 2013 Transaction ID: 2013120914539-20 Amount of Each Receipt this Period 27.08
SUBTOTAL of Receipts This Page (optional)	·····	95.83
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: PAGE 18 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 937.50 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 937.50 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20131209145255-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the	(che	ck only	or	ne)				i			
Detailed Summary Page	×	11a		11b		11c		12			
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Any information copied from such Reports and State or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Wendy Henson		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	11 29 2013 Transaction ID : 2013120014539-22
Washington	DC 20004	Transaction ID: 2013120914539-22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	11 15 2013 Transportion ID : 20131200145255 22
Washington	DC 20004	Transaction ID: 20131209145255-23 Amount of Each Receipt this Period
		Amount of Lacit Heoeipt this Fellou
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Associate Counsel, Special Proj	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	687.50	
Full Name (Last, First, Middle Initial) C. Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
Suite 500, South Building		11 29 2013
City	State Zip Code	Transaction ID: 2013120914539-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Associate Counsel, Special Proj	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	687.50	
SUBTOTAL of Receipts This Page (optional)		72.50
TOTAL This Period (last page this line number o	nly)	

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	nd Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Burt Hudson Mailing Address 601 Pennsylvania Avenue	a N W	Date of Receipt
Suite 500, South Building	5 IA.AA.	11 15 _ 2013 _
City	State Zip Code	Transaction ID : 20131209145255-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	916.74	
Full Name (Last, First, Middle Initial) Burt Hudson		Date of Receipt
Mailing Address 601 Pennsylvania Avenue		M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	11 29 2013
Washington	DC 20004	Transaction ID: 2013120914539-24 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Floodpt this Forlow
federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	916.74	
Full Name (Last, First, Middle Initial) C. Crystal Kuntz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code DC 20004	Transaction ID : 20131209145255-27
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1416.61	
Other (specify) ▼	1416.61	
SUBTOTAL of Receipts This Page (optional	1)	166.67
TOTAL This Period (last page this line num	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1416.61 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name (Last, First, Middle Initial) **c.** Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013120914539-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) 166.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Name of Employer

Receipt For:

America's Health Insurance Plans

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Svp, Center for Health Policy & Resear Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-29 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee.

Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City	State Zip Code	Date of Receipt 11
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Director Public Affairs Aggregate Year-to-Date ▼ 1833.26	
SUBTOTAL of Receipts This Page (optional)		333.33

Svp, Center for Health Policy & Resear

Occupation

TOTAL This Period (last page this line number only).....

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zotanos cannary rago	13	14	15	16	—

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Beth Leonard Mailing Address, 601 Pennsylvania Avenue	N W	Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	IN. VV.	11 29 2013
City	State Zip Code	Transaction ID : 2013120914539-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Senior Director Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1833.26	
Full Name (Last, First, Middle Initial) Holly Macmoran	l	Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State Zin Codo	11 15 2013
City Washington	State Zip Code DC 20004	Transaction ID: 20131209145255-31
	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	1
America's Health Insurance Plans	Program Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	458.26	
Full Name (Last, First, Middle Initial) C. Holly Macmoran		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID : 2013120914539-31 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Program Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	458.26	
SUBTOTAL of Receipts This Page (optional)	····	124.99
TOTAL This Period (last page this line numb	er only)	

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FOR LINE NUMBER: PAGE 25 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony Meoni Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 15 2013 City State Zip Code Transaction ID: 20131209145255-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, IT Receipt For: Aggregate Year-to-Date ▼ Primary General 231.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Anthony Meoni Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013120914539-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.50 С federal political committee. Name of Employer Occupation Vice President, IT America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 231.00 Other (specify) 41.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) 144.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11a 11b 11c 12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.74 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1229.19 Other (specify) Full Name (Last, First, Middle Initial) c. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013120914539-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1229.19 Other (specify)

229.17

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania Avenue N.W.	1.	Date of Receipt
Suite 500, South Building		11 15 2013
City	State Zip Code	Transaction ID : 20131209145255-39
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Meeting Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	229.24	
Full Name (Last, First, Middle Initial) 3. Lisa Miller		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M M / D D / Y Y Y Y
Suite 500, South Building City	State Zip Code	11 29 2013
Washington	DC 20004	Transaction ID : 2013120914539-39 Amount of Each Receipt this Period
		anount of Each neceipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Meeting Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	229.24	
Full Name (Last, First, Middle Initial) C. Martin Mitchell Jr.		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		11 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Washington	State Zip Code DC 20004	Transaction ID : 20131209145255-40
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	458.26	
SUBTOTAL of Receipts This Page (optional)	>	41.67
TOTAL This Period (last page this line number of	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	2	29 O	ıF	43
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for each category of the Detailed Summary Page		11a		11b		11c		12		
		13		14		15		16		٦1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation **Director Product Policy** America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) B. Teresa Mulligan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 15 2013 City State Zip Code Transaction ID: 20131209145255-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 14.58 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.76 Other (specify) Full Name (Last, First, Middle Initial) c. Teresa Mulligan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2013 City State Zip Code Transaction ID: 2013120914539-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 14.58 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.76 Other (specify) 49.99 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 30 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 2956.58 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 2956.58 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20131209145255-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.26 Other (specify) 352.11 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 31 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.26 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2013 City State Zip Code Transaction ID: 2013120914539-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20131209145255-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 29 2013 City State Zip Code Transaction ID: 2013120914539-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20131209145255-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) 83.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 33 OF 43

TI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ay not be sold or used by any peddress of any political committee	rson for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vice	Zip Code 20004 President, Professional Pr Year-to-Date ▼ 916.74	Date of Receipt 11 29 2013 Transaction ID: 2013120914539-46 Amount of Each Receipt this Period 41.67
3.	Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive V		Date of Receipt 11 15 2013 Transaction ID: 20131209145255-48 Amount of Each Receipt this Period 104.17
	Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive V		Date of Receipt 11 29 2013 Transaction ID: 2013120914539-48 Amount of Each Receipt this Period 104.17
s	UBTOTAL of Receipts This Page (optional)			250.01
T	OTAL This Period (last page this line number o	nly)		

	FOI	R LINE	NU	IMBER	:	PAGE	: 3	34 O	F	43
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Kristin Stewart Smoot		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	V.	M = M / D = D / Y = Y = Y = Y
Suite 500, South Building City	State Zip Code	11 15 2013 Transaction ID : 20131209145255-49
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
AHIP	Manager, Special Projects	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	458.26	
Full Name (Last, First, Middle Initial) Kristin Stewart Smoot		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.	11 292013
City	State Zip Code	Transaction ID : 2013120914539-49
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
AHIP	Manager, Special Projects	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	458.26	
Full Name (Last, First, Middle Initial) C. Rachel Terry		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building		11 15 2013
City	State Zip Code DC 20004	Transaction ID: 20131209145255-50
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Director, Business Development	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	312.45	
SUBTOTAL of Receipts This Page (optional)		62.49
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 35 OF 43 Use separate schedule(s) (check only one) X 11a 11b 11c 12 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Rachel Terry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director, Business Development Receipt For: Aggregate Year-to-Date ▼ Primary General 312.45 Other (specify) Full Name (Last, First, Middle Initial) B. Aaron Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 15 2013 City State Zip Code Transaction ID: 20131209145255-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Legislative & Regulatory Analys Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Aaron Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013120914539-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Legislative & Regulatory Analys Receipt For: Aggregate Year-to-Date ▼ Primary General 229.24 Other (specify) 41.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	PAGE	. :	36 O	F	43	
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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or for commercial p	urposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMI Americas H	MITTEE (In Full) lealth Insurance Plar	s PAC (AHIP PAC)	
A. Claudia Tuck Mailing Address City	First, Middle Initial) er 601 Pennsylvania Avenue N.W Suite 500, South Building	State Zip Code	Date of Receipt 11
Washington FEC ID number federal political of the politi	ommittee. er Insurance Plans General cify)	DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼ 1100.00	Amount of Each Receipt this Period 50.00
B. Claudia Tuck	601 Pennsylvania Avenue N.W. Suite 500, South Building of contributing ommittee. er Insurance Plans General	State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date 1100.00	Date of Receipt 11 29 2013 Transaction ID: 2013120914539-52 Amount of Each Receipt this Period 50.00
c. Kathleen Tu	601 Pennsylvania Avenue N.V Suite 500, South Building of contributing ommittee. er Insurance Plans General	State Zip Code DC 20004 C Occupation Senior Manager of Visual Communication Aggregate Year-to-Date 275.00	Date of Receipt 11 15 2013 Transaction ID: 20131209145255-53 Amount of Each Receipt this Period 12.50
		>	112.50
TOTAL This Period	I (last page this line number of	only)	

FOR LINE NUMBER: PAGE 37 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Turner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013120914539-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 12.50 federal political committee. Name of Employer Occupation Senior Manager of Visual Communication America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 11 15 2013 City State Zip Code Transaction ID: 20131209145255-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.26 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 29 2013 City State Zip Code Transaction ID: 2013120914539-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.26 Other (specify) 179.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBE	R:	PAGE 38 OF								
Use separate schedule(s)	(check only one)	(check only one)									
for each category of the Detailed Summary Page	X 11a 11b		11c	12							
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Brenda Weigel		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	11 15 2013 Transaction ID : 20131209145255-55
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Digital Media Coordinator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 354.13	
Full Name (Last, First, Middle Initial) 3. Brenda Weigel		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	N.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	11 29 2013
Washington	DC 20004	Transaction ID : 2013120914539-55 Amount of Each Receipt this Period
FEC ID number of contributing		Allount of Each Floodipt this Ferrod
federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation	
Receipt For:	Digital Media Coordinator	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 354.13	
Full Name (Last, First, Middle Initial) C. Marilyn Zigmund Luke		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building		11 15 2013
City	State Zip Code	Transaction ID: 20131209145255-56
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Counsel and Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		51.66
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 39 OF 43 Use for ea Detail

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial) Marilyn Zigmund Luke Mailing Address 601 Pennsylvania Avenue N	.W.	Date of Receipt				
Suite 500, South Building		11 29 2013				
City	State Zip Code	Transaction ID : 2013120914539-56				
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation	-				
America's Health Insurance Plans	Senior Counsel and Compliance Officer					
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General	riggiogate real to bate ▼					
Other (specify) ▼	220.00					
Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt				
Mailing Address 601 Pennsylvania Avenue N	W.	M = M / D = D / Y = Y = Y				
Suite 500, South Building	7.01	11 15 2013				
City	State Zip Code	Transaction ID : 20131209145255-57				
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	104.17				
Name of Employer	Occupation	1				
America's Health Insurance Plans	Press Secretary					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	2291.74					
Full Name (Last, First, Middle Initial) C. Robert Zirkelbach		Date of Receipt				
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		11 29 2013				
City	State Zip Code	Transaction ID : 2013120914539-57				
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	104.17				
Name of Employer	Occupation	-				
America's Health Insurance Plans	Press Secretary					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	2291.74					
SUBTOTAL of Receipts This Page (optional)	····	218.34				
TOTAL This Period (last page this line numbe	r only)	5814.36				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 43 (check only one)					
	ny information copied from such Reports and Sta for commercial purposes, other than using the		ay not be sold or used by any p						
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)						
Α.	Full Name (Last, First, Middle Initial) Mvp Health Care Inc. Federal PAC			Date of Receipt					
	Mailing Address 625 State Street	11 12 2013							
	City	State NY	Zip Code 12305	Transaction ID: 2E8585D440E0453DB3B2					
	Schenectady	INI	12303	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0431429	5000.00					
	Name of Employer	Occupation		2013 Contribution					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	Aggregate	5000.00						
_	Full Name (Last, First, Middle Initial)								
В.	,	Date of Receipt							
	Mailing Address	M = M / D = D / Y = Y = Y							
	City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		С							
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						
_	Full Name (Last, First, Middle Initial)								
C.	Mailing Address	Date of Receipt							
	City								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer		Occupation	ı						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼						
5	SUBTOTAL of Receipts This Page (optional)			5000.00					

TOTAL This Period (last page this line number only).....

5000.00

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S	SCHEDULE B (FEC Form 3X) FOR LINE					INE I	IE NUMBER: PAGE 41 OF 43							
IT	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only one)					_					
			ummary Page	X 21b 27			22		23		24	25 29		26
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam													;
\setminus	NAME OF COMMITTEE (In Full)													
	Americas Health Insurance Plans F	PAC (AHI	IP PAC)											
_	Full Name (Last, First, Middle Initial)													
Α.	Citibank					Date		sburse			Y Y	Y		
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor						11 01 2013							
		State	tate Zip Code											
	Washington	DC 20004					Transaction ID : 0B0839EA523A62828E9							E9
	Purpose of Disbursement Merchant Bankcard Fees			00)1	7	Amount of Each Disbursement this Period							
	Candidate Name			Category/				-	-		-	-	_	
				Тур					7		7	31.66		
	Office Sought: House Disbursen													
		Primary Other (specif	General											
	State: District:	Other (Specia	iy) \											
	Full Name (Last, First, Middle Initial)													
В.	Citibank								sburse					
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor						11 12 2013							
	City Sashington	State DC	Zip Code 20004				Tra	sact	tion ID	: 64	4AF7F00	CD1240	CB03	F5B
	Purpose of Disbursement Merchant Bankcard Fees			00	01	╗	Amou	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name			Cate	aorv	//		_	-				1.00	
				Тур				-	7		7	3	1.66	_
	Office Sought: House Disbursen Senate		General											
		Primary Other (specif												
	State: District:	(0)	·)/ ¥											
_	Full Name (Last, First, Middle Initial)						Date	- (D:	-1		-1			
C.	DDC Advocacy								sburse					
	Mailing Address PO Box 632303						11 06 7 2013							
	City S	State	Zip Code				T		ID	,	100040	14000	0505	455
	Baltimore MD 21263-2303						ırar	ısacı	ion iD) : V	A323426	01230E	3E95	1 E F
	Purpose of Disbursement August and September vendor service fees 001					٦l								
Candidate Name						_	Amou	nt of	Each	Dis	burseme	nt this	Perio	od
				Cate Typ		//						116	8.75	
	Office Sought: House Disbursen	nent For:				\neg			7		7			
		Primary	General											
		Other (speci	ty) 🔻											
	State: District:													_
5	UBTOTAL of Disbursements This Page (optional)					•						123	2.07	
H						_	_		,			400	2.07	
1	OTAL This Period (last page this line number only)					•			7		7	123	2.07	

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 42 OF 43
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
$\Big angle$ Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			
A. Friends of Schumer			Date of Disbursement
Mailing Address 192 Lexington Avenue Suite 1001			11 04 2013
City	State Zip Code		Transaction ID - E76444062BB5242F0BB
New York	NY 10016		Transaction ID: E76444962BB5342F0BB
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Charles E. Schumer		Туре	3000.00
	nent For: 2016 Primary General Other (specify)		
State: NY District:			
Full Name (Last, First, Middle Initial)			
B. Kurt Schrader for Congress			Date of Disbursement
Mailing Address PO Box 3314			11 07 2013
Oregon City	State Zip Code OR 97045		Transaction ID : EE0EF8D50DFFECBA104
Purpose of Disbursement 2014 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Kurt Schrader		Type	2500.00
	nent For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C. Marco Rubio for US Senate			Date of Disbursement
			M M M / D D / Y M Y M Y
Mailing Address PO Box 140420			11 04 2013
City S Miami	State Zip Code FL 33114		Transaction ID : 9CF7E6BEC694953DE0D
Purpose of Disbursement Funds Allocated from Contribution to Rubio Victory		011	
Candidate Name			Amount of Each Disbursement this Period
Marco Antonio Rubio		Category/ Type	2000.00
Office Sought: House Senate President Disburser	nent For: 2016 Primary General Other (specify) ▼	, , , , , , , , , , , , , , , , , , ,	[MEMO ITEM]
State: FL District:			
SUBTOTAL of Disbursements This Page (optional)		>	7500.00
TOTAL This Period (last page this line number only)		·····•	

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SCHEDULE B (FEC Form 3X)	I	INE NUMBER: PAGE 43 OF 43							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 🔀 23 🗀 24	25 26					
	Detailed Summary Page	27	28a 28b 28c						
Any information copied from such Reports and S	Statements may not be sold or use	ed by any perso	on for the purpose of solicit	ing contributions					
or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
Americas Health Insurance Pla	ns PAC (AHIP PAC)								
Full Name (Last, First, Middle Initial)			Data of Dialogue and						
A. Reclaim America PAC	Date of Disbursement								
Mailing Address 228 S Washington St Ste 115			11 04 2013 Transaction ID : 43FA4F6A338FB2BFF72						
City	State Zip Code								
Alexandria	VA 22314								
Purpose of Disbursement Funds Allocated from Contribution to Rubio Vi	ctory Committee (C00494617)	011	Amount of Each Disbursement this Period						
Candidate Name		Category/		3000.00					
Reclaim America PAC Office Sought: House Disb	uraamant Fari 2040	Туре		000.00					
Senate	ursement For: 2013 Primary General		[MEMO ITEM]						
President	✓ Other (specify) ▼								
State: District:	Contribution								
Full Name (Last, First, Middle Initial)									
B. Rubio Victory Committee			Date of Disbursement						
Mailing Address 220 C Washington Street Sui	to 115		11 04 2013						
Mailing Address 228 S Washington Street Sui	11 04	2013							
City Alexandria	State Zip Code VA 22314		Transaction ID : CF1E	FD34364E052F247					
Purpose of Disbursement	-								
2013 Contribution		011	Amount of Each Disbursement this Peri						
Candidate Name		Category/							
Rubio Victory Committee Office Sought: House Disb	uraamant Fari 2010	Туре		000.00					
Senate	ursement For: 2013 Primary General								
President	Other (specify)								
State: District:	Contribution								
Full Name (Last, First, Middle Initial)									
C. Titus for Congress			Date of Disbursement						
Mailing Address PO Box 72454			M M / D D / 11 20	2013					
Walling Address PO Box 72454	11 20	2013							
City	State Zip Code NV 89170		Transaction ID : 2B523	RECESEORASSRASA					
Las Vegas Purpose of Disbursement	Transaction is . 25020	JEOLEI OBALLBAOA							
2014 Primary	Assessment of Foods District	and the Desired							
Candidate Name	Amount of Each Disbursement this Period								
Alice C. Dina Titus		1000.00							
Office Sought: House Disb	ursement For: 2014		, , , , , , , , , , , , , , , , , , , ,						
Senate	Y Primary General								
President	Other (specify)								
State: NV District: 01									
SUBTOTAL of Disbursements This Page (optio	nal)			6000.00					
22.2.1.2.5. Siesaiosiionio inio i ago (opilo	,								
TOTAL This Period (last page this line number	only)		7	13500.00					